

Personalized Therapy, LLC

Occupational & Physical Therapy for Children & Adults

Financial Payment Policy

Thank you for choosing Personalized Therapy, LLC as your physical and/or occupational therapy provider. We are committed to providing you with the best possible treatment. Please understand that payment of your bill is considered a part of your care. **The following is a statement of our Policies regarding your Financial Responsibility regarding Insurance, Payment, and Cancellations**

Regarding Insurance

If you have insurance coverage with one of the insurance plans we participate with, we will bill your insurance company along the guidelines of our contract. As a courtesy to our patients, we will submit all claims directly to the appropriate insurance party. However, we require that **ALL CO-PAYS or CO-INSURANCES** be paid at the time of service.

Proof of Insurance

You will be required to show an up to date copy of your insurance card and any necessary referrals at the time of service. If you do not have this information, or we are unable to verify your coverage, you will be required to pay for the services rendered to you that day.

If you have an insurance with which we do not participate, we ask that payment be made at the time services are rendered. This *may* also apply to any auto accident and/or third party injury claim. As a courtesy we will provide the necessary forms to submit your claim independently to your insurance provider or third party representative.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. While the filing of insurance claims is a courtesy we extend to our patients, all charges are the responsibility of the patient from the date the services are rendered. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and medically necessary under the Medicare Program and/ or other medical insurance programs. Understand that your selection of insurance coverage is a contract between you and the insurance company. We are not a party to that contract.

Regarding Payment

Payment is due at the time of service. At this time, we accept Cash or Check. Returned checks will be subject to an additional \$25.00 service fee.

Financial Hardship

If you are experiencing financial difficulties and are unable to afford the cost of our services we have a Financial Hardship Form which may be filled out. If you qualify for financial assistance according to the Federal guidelines, we may legally assist you by waiving or discussing your patient responsibility portions of the bill. Please contact our Business Office for assistance.

Cancellations

Regular attendance and compliance with both treatment and the prescribed home exercise program are important to your ability to progress with your treatment plan and goals. For this reason we encourage you to have consistent attendance in therapy. At Personalized Therapy, LLC we understand circumstances may arise where you may not be able to make your scheduled appointment, due to illness or conflicting appointments. When notified in advance we will make every effort to reschedule your missed appointment.

24 Hour Advance Notice Fee

If you wish to change or cancel your appointment we require a minimum of 24 hours advance notice. Anything less may result in a \$30.00 fee charged to your account. Advance notice allows someone else to schedule an appointment for therapy that day. As a courtesy to a parent of a patient that is a minor we allow two "less than 24 hour" visit cancellations free of charge, Otherwise, you will be billed a \$30.00 service fee for all cancellations received less than 24 hours.

NO SHOW Policy

If you fail to show for an appointment all future appointments will be taken off the schedule and you will be charged a \$50.00 "No Show" fee. You may reschedule appointments again on a "first come, first serve" basis.

If you have any questions regarding this information, please do not hesitate to ask us. We are here to help you.

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